

United Health Care 2002 Ranking

Utah Department of Health (UDOH) Ranks the Fourth Healthiest State in the Nation

The following paragraphs are meant to provide clarity to the attached PDF file with Utah's Rankings.

Heart Disease

Many factors may affect the decline in cardiovascular disease mortality. They include more effective medical treatment, more emphasis on reducing controllable risk factors (high blood pressure, high blood cholesterol, smoking, physical inactivity, overweight and obesity, and diabetes), and better treatment for heart attack and stroke patients.

In 1977, UDOH began funding a statewide blood pressure control program. UDOH and local health departments offered free screening clinics, follow-up and education throughout the state. Having established the capacity to provide these services, in 1987 UDOH added a cholesterol component to its program. First, a physician education program was implemented using a national model. That was followed with local health departments providing comprehensive cholesterol screening and education services.

Over 90 percent of all Utah adults have had their blood pressure checked, and 63 percent of adults have had their cholesterol tested. Utah's smoking rate is the lowest in the country. Twenty-six percent of Utahns are physically active compared to the national average of 22 percent and the regional average of 24 percent. Although only 20 percent of Utah adults report eating 5 A Day, this is an increase from 18 percent in 1994.

Infectious Disease

Definition: The Infectious Disease ranking is based on the occurrence of Acquired Immunodeficiency Syndrome (AIDS), tuberculosis and hepatitis (all types). The United Health Foundation considers the combined case counts as representative of all major infectious diseases within a state. The numbers are based on a three-year running average.

The primary reason for the significant improvement in Utah's infectious disease status from 1990 to 2002 is that the number of hepatitis A cases declined significantly in Utah since 1990. The modest improvements in Utah's infectious disease status from 2001 to 2002 are attributable to decreases in all the infectious diseases considered in this measure. The continued use of public health prevention measures and prompt interventions should result in further declines in the number of Utah citizens suffering from these diseases.

Lack of Health Insurance

United Health Care used national data to estimate Utah's uninsured rate at 14.8 percent. UDOH uses a larger, more sophisticated sampling that shows the state's uninsured rate at 9 percent.

Motor Vehicle Deaths

Since 1990 the amount of miles driven in Utah has almost doubled. Motor vehicle deaths have also increased, but not at the same rate. Because of the huge amount of increase in miles driven in Utah, the rankings show a decrease. The motor vehicle death rate stayed fairly constant from 1991 to 2001 until significantly dropping in 2002. The reasons for such a huge drop-off from 2001 to 2002 are not exactly known. Fatalities involving teenage drivers, alcohol, and speed-related fatalities all decreased from 2001 to 2002. Decreases in the fatality rate per 100 million motor vehicle miles traveled since 1990 may be contributed to a combination of factors specific to Utah:

- 1) Safety belt use increased from 39 percent in 1990 to 78 percent in 2001
- 2) Passage of graduated driver licensing laws in 1998
- 3) Passage of numerous DUI laws
- 4) Increased law enforcement efforts
- 5) Increased educational efforts from the Utah Highway Safety Office as well as state and local health departments
- 6) Improved emergency medical services (EMS) response and trauma system
- 7) Improved safety of roads for motor vehicles.

On a national level the manufacturing of safer motor vehicles and requirements for airbags in vehicles are recognized as factors contributing to decreasing motor vehicle deaths.

Prenatal Care

Utah's low ranking in adequacy of prenatal care is an important issue the UDOH has been studying for several years. *However, as a ranking component, adequacy of prenatal care is of questionable significance given Utah's high ranking in infant mortality (5th).*

Utah ranks 49th in the nation for Adequacy of Prenatal Care, defined as the percent of pregnant women who entered prenatal care in the first trimester and had an appropriate number of visits throughout pregnancy. For example, a woman should have approximately 13 visits during her pregnancy to be classified as having received adequate prenatal care.

The United Health report indicated that only 57.5 percent of women received adequate prenatal care in Utah, based on birth certificate data. A UDOH work group has been studying this issue for the past 18 months to identify reasons for the low percentage. UDOH found that two groups of women contribute to the low percentage of adequate care in Utah.

Group 1: Women who entered care during the 1st trimester, but did not receive enough visits (about two-thirds of all women that did not receive adequate care).

Group 2: Women who entered care after the 1st trimester (about one-third of all women that did not receive adequate care).

These two groups of women are different demographically; the group of women who entered care during the first trimester resemble the general population, however the women who entered care late have characteristics which are considered high risk for poor pregnancy outcomes, such as lower age and educational levels and lower socio-economic levels.

Analysis of various data sources, including recently completed focus group testing of women who received inadequate care, has identified several reasons for inadequate care that will need to be addressed through various strategies:

- 3 out of 10 women do not see a health care provider before the end of their 1st trimester for the following reasons:
 - They do not have money to pay for prenatal care
 - They do not have adequate insurance (**Utah has the lowest Medicaid eligibility limit for pregnant women at 133 percent of poverty; most states are at 185 percent of poverty**)
 - They did not know they were pregnant until later in their pregnancy
- The remaining 7 out of 10 women started prenatal care during the 1st trimester but did not make enough visits during their pregnancy for the following reasons:
 - This is not their first pregnancy, they feel fine and believe that missing an appointment here and there is not a problem
 - All of their visits are not recorded on the birth certificate due to women switching providers during the pregnancy so that not all their prenatal records are available for accurate data collection

UDOH continues to examine the reasons for Utah's low level of adequate prenatal care. Work is currently underway to develop media messages using focus group data to target women through the Baby Your Baby campaign. Better health education related to early signs and symptoms of pregnancy and the importance of early and regular prenatal care is needed as evidenced by women not recognizing signs of pregnancy until past their first trimester. Work will be done to refine data collection procedures to better identify visits made to multiple healthcare providers during a pregnancy. In January 2003, UDOH will convene a Perinatal Taskforce of providers, professional organizations and consumers to examine the data and to develop effective strategies to address the reasons for Utah's low rate of adequate prenatal care.

Smoking

Tobacco use is still the leading preventable cause of death in Utah. Tobacco kills about 1200 people in Utah each year, and approximately 200,000 people in Utah smoke.

Although tobacco use is still a major public health problem in Utah, UDOH is encouraged to see that anti-tobacco efforts have met with success over the past decade. Programs and services such as the Truth About Tobacco media campaign, community education programs, and the Utah Tobacco Quit Line (1-888-567-TRUTH) have provided many of the thousands of Utahns who want to quit with the help they need. UDOH aims to continue its work to maintain and further decrease Utah's comparatively low tobacco use rates, and to keep Utahns healthy.

Violent Crime

In 2001, the violent crime rate decreased 4 percent from the previous year, however during 2001 there were increases in the homicide rate (60%), and rate of rape (1.33%). It is also important to note that almost 1/3 (32%) of the homicides reported were domestic violence homicides and in 15 percent the relationship was unknown. Fifty-three percent were not domestic related.